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			1		Stricie	Powell.	(Depositor's name) (Signalure)	
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Γ	APPLICATION NO.	FILING DATE			D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
_	10/681,969	10/09/2003	Cary P		. Hagan	702 150	7773	
T	TITLE OF INVENTION: METHODS FOR TREATING OSTEOLYTIC BONE LESIONS							
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L	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	conprovisional	NO	\$1400	)	\$300	\$1700	03/28/2005	
	EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
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<u>Pl</u>	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fill recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  1. Shawn D. Station  (2) the names of up to 3 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.  (3) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fill the printed on the patent. If an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  1. Shawn D. Station  (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 3 listed, no name will be printed.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (B) Payment of Fee(s):						ocument has been filed for	
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	5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \end{align*} \]  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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	Authorized Signature	8/ Sw	tit		Date Os	23/05		
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